

STATE OF IDAHO
Department of Agriculture
P.O. Box 790, Boise, Idaho 83701 or
P.O. Box 401, Twin Falls, Idaho 83301
APPLICATION FOR INDIVIDUAL FIELD INSPECTION

BEANS and MINT ONLY

Parent Seed Lot No. _____ Pooling Insurance: Yes ____ No ____

Parent Planting Certificate No. _____ Serologically Tested: Yes ____ No ____

FIELD LOCATION MAP: Give exact location of field or fields from house, roads or other identifying landmarks.

INSPECTIONS:

Field:	Date _____	Inspector _____
	Date _____	Inspector _____
	Date _____	Inspector _____
Windrow/Digging:	Date _____	Inspector _____
	Date _____	Inspector _____

Signature of Applicant _____ Date _____

Comments: _____

Accepted/Rejected _____
(circle one) Initials _____